

DIVISION IV AODA DAY TREATMENT	SECTION I GENERAL INFORMATION	ISSUED 07/89	PAGE 4H1-001
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**A. TYPE OF  
HANDBOOK**

Division IV, Alcohol and Other Drug Abuse (AODA) Day Treatment, is the service specific portion of the Wisconsin Medical Assistance Provider Handbook. It is the fourth division of Part H of the Mental Health Handbook, which includes all information for mental health services. Division IV includes information for AODA day treatment providers regarding provider eligibility criteria, recipient eligibility criteria, covered services, reimbursement rates, and billing instructions. Division IV is intended to be used in conjunction with Part A of the Wisconsin Medical Assistance Provider Handbook which includes general policy guidelines, regulations, and billing information applicable to all types of providers certified in the Wisconsin Medical Assistance Program (WMAF).

**B. PROVIDER  
INFORMATION**

**Provider Eligibility and Certification**

In order to be reimbursed by the WMAF for providing AODA day treatment, a provider must be certified as an outpatient treatment facility or a hospital and must satisfy three different certification requirements:

- The provider must be certified by the Wisconsin Division of Community Services for AODA day treatment under HSS 61.61.
- The provider must be certified by the WMAF under HSS 105.23 as an AODA treatment provider; and
- The provider must be certified by the WMAF to provide AODA day treatment under HSS 105.25.

In order to receive certification under HSS 105.25, a provider must demonstrate that all individuals who will provide AODA day treatment services for WMAF recipients either (1) meet professional certification standards for their areas of specialization (e.g., education and experience requirements for certified AODA counselors); or (2) provide services under the supervision of a qualified professional staff member (e.g., master's degree mental health professional, certified AODA counselors).

To obtain information regarding certification under HSS 61.61, providers must contact:

Program Certification Unit  
Division of Community Services  
Post Office Box 7851  
Madison, WI 53707  
(608) 266-0120

To obtain an application for receiving WMAF certification under HSS 105.23 and 105.25, providers must contact:

E.D.S. Federal Corporation  
Attn: Provider Maintenance  
6406 Bridge Road  
Madison, WI 53784-0006

Section HSS 101.03(142), Wis. Adm. Code, states that the first day on which a provider may begin participation in the WMAF (i.e., certification effective date) must be no earlier than (and may be later than) the initial date of application. "Initial date of application" is defined as the date a written or telephone request for an application is received by the Department of Health and Social Services or E.D.S. Federal Corporation (EDS) from the prospective provider. To receive the earliest certification effective date allowed under this provision, the provider must return a complete and acceptable application for processing within 30 days from the date the materials are mailed to the provider. Applications returned after the 30-day period will result in assignment of a

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**B. PROVIDER  
NOTIFICATION**  
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certification effective date based on the date a complete application is received by EDS. This policy only applies if all applicable licensure and certification criteria are met at the time the request for certification is received by EDS. If licensure and certification requirements are not met at the time of application, certification will be delayed until all licensure and/or certification requirements have been satisfactorily completed. This could result in assignment of a later certification effective date. No claims for dates of service prior to the effective date of certification will be paid.

WMAF-certified AODA day treatment providers will be issued an eight-digit provider number which ends with "21." All AODA day treatment services must be billed under the provider number with the "21" suffix.

**Scope of Service**

The policies in Division IV govern all AODA day treatment services provided within the scope of the practice of the profession as defined in ss. 49.46(2)(b)6.f, Wis. Stats. and Wis. Adm. Code Chapter HSS 107.13(3m). Covered services and related limitations are enumerated through Sections II, III, IV, and V of this handbook.

**Billed Amount**

An AODA day treatment provider must bill the WMAF the usual and customary charge (the fee normally charged to private pay patients for services). For providers using a sliding fee scale for specific services, usual and customary means that median of the individual provider's charge for the service when provided to non-Medical Assistance patients.

Providers should refer to Section II of this handbook for valid procedure codes and to Section IV of this handbook for further billing instructions.

**Terms of Reimbursement**

AODA day treatment providers will be reimbursed on the basis of an hourly rate. Separate rates have been established for hours spent on the assessment of the recipient and for hours spent in the actual AODA day treatment program.

AODA day treatment services are reimbursed on the basis of usual and customary charges, up to a WMAF established maximum fee for each procedure. Payment is based on the usual and customary charges or the maximum fee, whichever is less.

**Provider Responsibilities**

Specific responsibilities as a provider under the WMAF are stated in Section IV of Part A of the WMAF Provider Handbook. This section should be referenced for detailed information regarding fair treatment of the recipient, maintenance of records, recipient requests for noncovered services, services rendered to a recipient during periods of retroactive eligibility, grounds for provider sanctions, and additional state and federal requirements.

**C. RECIPIENT  
INFORMATION**

**Eligibility For Medical Assistance**

Recipients meeting eligibility criteria for Medical Assistance are issued Medical Assistance identification cards. The identification cards include the recipient's name; date of birth; 10-digit Medical Assistance identification number; medical status code; and an indicator of private health insurance coverage, HMO coverage, and/or Medicare coverage.

Medical Assistance identification cards are sent to recipients on a monthly basis. All Medical Assistance identification cards are valid only through the end of the month in which they are issued. It is important that the provider or the designated agent check a recipient's Medical Assistance identification card prior to providing service to determine

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**C. RECIPIENT  
INFORMATION**  
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if the recipient is currently eligible and if there are any limitations to the recipient's coverage.

Section V-C of Part A of the WMAP Provider Handbook provides detailed information regarding eligibility for Medical Assistance, Medical Assistance identification cards, temporary cards, restricted cards, and how to verify eligibility. Section V-C of Part A must be reviewed carefully by the provider before services are rendered. A sample Medical Assistance identification card can be found in Appendix 7 of Part A of the WMAP Provider Handbook.

**Medical Category**

Medical Assistance recipients are classified into one of two eligibility categories, either medically needy or categorically needy. These categories allow for a differentiation of benefit coverage. AODA day treatment services are available to categorically needy WMAP recipients who are not hospital inpatients or nursing home residents.

AODA day treatment services are only a benefit for medically needy recipients when referred for services by a HealthCheck provider. (HealthCheck is a program which provides all WMAP eligible recipients under 21 years old with regular examinations.) Providers can identify medically needy recipients by two asterisks (\*\*) preceding the recipient's 10-digit Medical Assistance identification number on the Medical Assistance identification card.

**Copayment**

AODA day treatment services are exempt from copayment.

**HMO Coverage**

WMAP recipients enrolled in WMAP-contracted HMOs receive a yellow Medical Assistance identification card. This card has a six-character code in the "Other Coverage" column designating the recipient's HMO. These codes are defined in Appendices 20, 21, and 22 of Part A of the WMAP Provider Handbook.

Providers must always check the recipient's current Medical Assistance identification card for HMO coverage before providing services. AODA day treatment is a WMAP-contracted HMO covered service. Certified AODA treatment providers must receive prior authorization from a WMAP recipient's HMO before providing services. Claims submitted to EDS for services covered by WMAP-contracted HMOs will be denied.

For recipients enrolled in a WMAP-contracted HMO, all conditions of reimbursement and prior authorization for AODA day treatment will be established by the contract between the HMOs and certified providers.